

G.A.R.43
[See Rule 186(1)]

APPLICATION-CUM-BILL FOR REFUND OF DEPOSIT

Bill No. _____ Month _____

Head of Account _____

Original Challan of Receipt No. & Date 1.	Bank/Office in which deposited 2.	Name of depositor 3.	Amount Originally deposited 4.

Received this _____ day of _____ 20____
the sum of Rupees _____ being payable on
account of release of deposit described above.

Claimant's Signature
(with revenue stamp affixed
Wherever necessary)

For use in Departmental Office

*1. Received payment of Rs. _____ (Rs. _____)
For arranging disbursement to claimant(s).

*2. Passed for payment of Rs. _____ (Rs. _____)
to claimant(s) Shri/Smt/M/s. _____ against personal deposit account
administered by me.

Date: _____ Judge/Magistrate or other officer

For use in Pay and Accounts Office in of endorsement 1 above

Passed for payment of Rs. _____ (Rupees _____)
Payment by cheque No. _____

Pay and Accounts Officer

Date

Necessary certificate is furnished on the reverse of this bill.